

AUTO CR - LOG SUMMARY #1054631

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is alleged that when the involved member responded to a call of a disturbance, the above subject was walking in and out of traffic in circles. After being told to leave, the above refused to leave. The above subject indicated that he was on medication and that he needed to go to the hospital. Once the subject was informed that he would be taken to the hospital, he refused to get into the squadrol and became resistant and combative. Once the subject was in the squadrol, he refused to allow the officers to close the door by kicking his feet. The involved member deployed his taser in order to subdue the subject.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	GUERRERO, RICHARD J	428		001 /	LIEUTENANT OF POLICE	M	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
10-JUN-2012 05:45 - 10-JUN-2012 05:45		0123	001	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	WILSON, KAZAN			001 /	POLICE OFFICER	M	BLK		
NON-CPD	Victim/Subject						M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Incident Category List

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-JUN-2012 05:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-JUN-2012 05:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	18-JUN-2012 11:54	HITT, MARK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	18-JUN-2012 08:09	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	18-JUN-2012 08:09	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	10-JUN-2012 10:57	JACKSON, ANGELA	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					JACKSON, ANGELA	10-JUN-2012 10:57			
	DOCUMENTS - INTAKE INCIDENT		1		N	TOUSANT, LISA	18-JUN-2012 08:09	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	JACKSON, ANGELA	10-JUN-2012 02:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	JACKSON, ANGELA	10-JUN-2012 02:43	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	don't need	N	JACKSON, ANGELA	10-JUN-2012 02:47	DELETED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 10-JUN-2012) - LOG #1054631

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party		428		001 /	LIEUTENANT OF POLICE	M	S		

Incident Information

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10-JUN-2012 05:45 - 10-JUN-2012 05:45		0123	001	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	10-JUN-2012 10:57	JACKSON, ANGELA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-JUN-2012 05:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-JUN-2012 05:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	18-JUN-2012 08:09	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	10-JUN-2012 10:57	JACKSON, ANGELA	INVESTIGATOR I COPA	113 /	

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C

RD #: [REDACTED]
EVENT #: [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 5079 - Non-Criminal - Mental Health Transport		
	Occurrence Location: [REDACTED] 304 - Street	Beat: 0123	Unit Assigned: 0114R RO Arrival Date: 10 June 2012 05:50
	Occurrence Date: 10 June 2012 05:45		

NON-OFFENDER(S)	VICTIM - Government		
	Name: CITY OF CHICAGO 1718 N State St Chicago, Illinois		
	Beat: 3100		
	CPD Officer: No		

OTHER	Miscellaneous
	Victim Information Provided
Flash Message Sent ? No	

NARRATIVES	<p>EVENT # [REDACTED] R/O RESPONDED TO A DISPATCH OF DISTURBANCE WITH A MAN AT SAID LOCATION. UPON ARRIVAL R/O'S OBSERVED THE INDIVIDUAL WALK AROUND IN CIRCLES, IN AND OUT OF TRAFFIC, ATTEMPT TO GET INTO A VEHICLE, WALK VERY CLOSE TO, SO AS TO INVADE THE PERSONAL SPACE OF, INDIVIDUALS ON THE STREET IN A VERY INTIMIDATING NATURE MEANWHILE SPEAKING VERY LOUDLY. R/O'S INITIALLY TOLD THE SUBJECT TO LEAVE THE SCENE AND HE REFUSED TO LEAVE BUT CONTINUED THE BEHAVIOR LISTED ABOVE ON THE PUBLIC WAY. R/O'S TOLD THE SUBJECT MULTIPLE TIMES TO LEAVE THE PREMISES SUBJECT THAN DECLARED HE NEEDED MEDICATION AND DESIRED TO GO TO THE HOSPITAL. R/O'S TOLD THE SUBJECT THAT HE WOULD RECEIVE A RIDE TO THE HOSPITAL ONCE HE GOT INTO THE SQUADROL. THE SUBJECT REFUSED TO GET INTO THE SQUADROL AND CONTINUED TO BE A PUBLIC NUISANCE. R/O'S ATTEMPTED TO PLACE SUBJECT IN THE WAGON UNSUCCESSFULLY AT WHICH TIME SUBJECT BECAME RESISTANT AND COMBATIVE BY VIOLENTLY KICKING HIS FEET AT R/O'S AND THROWING HIS BODY AND LIMBS IN R/O'S DIRECTION. ADDITIONALLY HE WOULD HOIST HIS BODY UP AND POSITION IN THE DOORWAY DISALLOWING THE OFFICERS TO CLOSE THE DOOR ONCE HE WAS INSIDE OF THE VEHICLE; ASSISTING R/O ON THE SCENE DEPLOYED THE TASER IN ORDER TO SUBDUE THE SUBJECT. SUBJECT WAS THEREBY TRANSPORTED TO NORTHWESTERN MENTAL HOSPITAL BY BEAT 0172R ATTENDING PHYSICIAN DR. [REDACTED] AND DR. PATTERSON REMOVED THE TASER PRONGS. THE NAME OF THE SUBJECT IS CORY ULMER C. AND LAST KNOWN ADDRESS IS 1211 TAFT AVE CHICAGO, IL. HE IS A SERIAL RESIDENT AT NORTHWESTERN MENTAL FACILITY.</p> <p>TRANSPORT OFFICER - STAR#: NAME: BEAT: 0172R ASSISTING OFFICER - STAR# NAME: BEAT: 0124R</p>
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PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	7790	# [REDACTED]	RODRIGUEZ, Stanlea, A	[REDACTED]	10 Jun 2012 07:50	001

RD # [REDACTED]



TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1 DATE OF INCIDENT 10-JUN-2012		TIME 05:45:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 304		4 BEAT/OCCUR 0123					
		5 POSITION 9161		6 LAST NAME WILSON		7 FIRST NAME KAZAN		8 STAR NO 13386		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 508	
SUBJECT INFORMATION		14 DATE OF APPT 29-MAY-2001		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 001 0124R		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
		20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 DOB [REDACTED]		26 HT 604		27 WT 240	
REASON FOR USE OF FORCE (Check all that apply)		28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED?/FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
		33 WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL		34 BY WHOM? DR.GISONDI		35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized		36 CB NO <input type="checkbox"/> 05 Refused Medical Aid		37 CB NO <input type="checkbox"/> 05 Refused Medical Aid		38 CB NO <input type="checkbox"/> 05 Refused Medical Aid					
WEAPON DISCHARGE INCIDENT		39 PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER KICKING WILDLY AT R/O		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
CASE INFO.		MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM							
		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		OTHER _____							
SIGNATURES		40 ADDITIONAL INFORMATION		41 WEAPON TYPE		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS							
		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR									
CPD-11.377 (REV. 10/07)		45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE		49 TASER DART ID NO							
		45 MAKE/MANUFACTURER C31013HVO		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]		49 TASER DART ID NO C31013HVO							
CPD-11.377 (REV. 10/07)		50 WEAPON SERIAL NO (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO		54 SPECIAL WEAPON CERTIFICATE NO							
		50 WEAPON SERIAL NO (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]		54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]							
CPD-11.377 (REV. 10/07)		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58 TOTAL NO. OF SHOTS MEMBER FIRED		59 WHO FIRED FIRST SHOT							
		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO. OF SHOTS MEMBER FIRED 1		59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)							
CPD-11.377 (REV. 10/07)		60 WAS FIREARM RELOADED DURING INCIDENT		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN		63 DID MEMBER USE SIGHTS		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD							
		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]							
CPD-11.377 (REV. 10/07)		65 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		66 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		67 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		68 POSITION OF MEMBER DISCHARGING WEAPON		69 DID MEMBER USE SIGHTS							
		65 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		66 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		67 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		68 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		69 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
CPD-11.377 (REV. 10/07)		70 NOTIFICATIONS (OC OR TASER INCIDENT)		71 NOTIFICATIONS (FIREARM INCIDENT)		72 MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		73 REPORTING MEMBER (Print Name)		74 REVIEWING SUPERVISOR (Print Name)							
		70 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C/DIST. OF OCCUR		71 NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C/DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		72 MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		73 REPORTING MEMBER (Print Name) WILSON, KAZAN		74 REVIEWING SUPERVISOR (Print Name) ROBERTS, CRAIG P							
CPD-11.377 (REV. 10/07)		75 STAR/EMPLOYEE NO		76 SIGNATURE		77 DATE REVIEWED		78 TIME		79 EVENT NO							
		75 STAR/EMPLOYEE NO 13386		76 SIGNATURE [REDACTED]		77 DATE REVIEWED 10-JUN-2012 09:02:57		78 TIME 10-JUN-2012 09:02:57		79 EVENT NO [REDACTED]							

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was admitted at Northwestern Hospital for psychiatric evaluation.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the existing evidence, it is my opinion that the officer's actions were proper and in accordance with Department guidelines

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

GUERRERO, RICHARD J

SIGNATURE



DATE COMPLETED

TIME

10-JUN-2012 09:05:38

79 DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I C D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR'S THIS EVENT No

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M I) WILSON, KAZAN		<input type="checkbox"/> 1 INDOOR <input checked="" type="checkbox"/> 2 OUTDOOR	
STAR NO. 13386	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 720 S MICHIGAN AVE	
DATE OF APPOINTMENT 29-MAY-2001	EMPLOYEE NO [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 001	BEAT/CALL NO 0124R	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0123
SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F	RACE BLACK	DOB [REDACTED]	DATE OF OCCURRENCE 10-JUN-2012
HEIGHT 508	WEIGHT 150	TIME 05:45:00	DAY OF WEEK SUNDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B I S UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER <input type="checkbox"/> WORKING <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ <input type="checkbox"/> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		NO. OF OFFICERS BATTERED <u>1</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>5</u>	
		MANNER OF ATTACK <input type="checkbox"/> 01 SHOT <input type="checkbox"/> 02 SHOT AT <input type="checkbox"/> 03 STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		TYPE OF WEAPON/THREAT (Check all that apply) <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1 OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2 ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
		FIREARM USE INFORMATION (Check all that apply) <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 17-MAY-1983 CB NO _____ IR NO. _____	
		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 72°F	
LIGHTING CONDITIONS AT INCIDENT <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1 POOR <input type="checkbox"/> 2 GOOD <input type="checkbox"/> C. DAWN		WAS THE OFFENDER'S ACTIVITY, DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE	STAR NO	WATCH COMMANDER /UNIT	COMMANDING OFFICER- SIGNATURE	STAR NO
WILSON, KAZAN	13386	GUERRERO, RICHARD J	428	



1054631

TASER Information

Serial # X00-059432
Model # X26
X26 Software Version 22
Dataport CD Version 17.9
Record Date Range 06/01/2012 - 06/10/2012
Computer Time Zone Central Standard Time
 *DST
Using Daylight Savings Time Yes

Downloaded By

Name Richard Guerrero
Dept Chicago
Rank Lieutenant
Windows Version Windows XP
Report Generated 06/10/12 09:20:55
 (local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	07/27/10 14:38:21	07/27/10 09:38:21	Old Time		
0003	07/27/10 14:24:27	07/27/10 09:24:27	New Time		
0004	03/27/00 18:57:01	03/27/00 13:57:01	Old Time		
0005	11/04/10 13:55:42	11/04/10 08:55:42	New Time		
0006	01/13/00 05:37:23	01/12/00 23:37:23	Old Time		
0007	01/14/11 16:51:42	01/14/11 10:51:42	New Time		
0008	10/22/11 16:34:59	10/22/11 11:34:59	Old Time		
0009	10/22/11 16:24:22	10/22/11 11:24:22	New Time		
0010	11/09/11 16:45:01	11/09/11 10:45:01	Old Time		
0011	11/09/11 16:48:03	11/09/11 10:48:03	New Time		
0012	01/01/00 06:59:38	01/01/00 00:59:38	Old Time		
0013	05/03/12 16:55:29	05/03/12 11:55:29	New Time		
0014	01/17/00 23:20:19	01/17/00 17:20:19	Old Time		
0015	06/10/12 14:18:01	06/10/12 09:18:01	New Time		

End of Report.